

Congressman Nick LaLota Service Academy Nomination Packet

<u>Service Academy Nomination Application</u> <u>Due Date: September 29th</u>

Last Name:	
First Name:	
Street Address:	
City, State Zip:	
Phone:	
Email:	
of New York. To verify this,	e a current, legal resident of the First Congressional District visit house.gov/representatives/find-your-representative or questions. Applications are due "in-hand" by September application by:
Route 111 Suite 3B	ey@Mail.House.Gov In Nick LaLota Attn: Service Academy Nominations 515 Hauppauge, NY 11788 In the service Academy Nominations 515 In the service Academy N
information, we will contact overwhelming number of in save that date. Your file s	d your completed application, along with all supplemental you with your assigned interview date and time. The terviews will occur on Thursday, November 16th– please hould contain the documents below. If the specific your file, please check off below:
_	your me, please check on below.
☐ Photo☐ Application	
	"Why I want to attend a Service Academy
	eceive a Congressional Nomination."
☐ SAT/ACT Score Rep	ports
☐ High School Transcr	ipt
☐ Reference Letter #1	
☐ Reference Letter #2	
☐ Reference Letter #3	

Service Academy Nomination Application— Congressman LaLota (NY-01)

Educational Information

High School:			
Graduation Date:			
Guidance Counse	elor:	Phone:	
Grade Point Avera	age:		
Class Rank (Circle	e): Top 10%, Top 20%, Top	50% Other	
Scholastic Honors:			
Freshman:			
Sophomore: _			
Junior:			
_			
Senior:			
College:			

Please complete the following if you have any college education:
College:
Credit Hours Completed:
Courses Taken:
College Entrance Examinations:
ACT Best Score (if known):
SAT Best Score (if known):
<u>Extracurricular Involvement</u> : Include clubs, sports, etc. Include leadership positions held and Varsity Letters earned. Please also include out of school activities. Do not list employment or paid activities .
Freshman:
Sophomore:
Junior:
Senior:
College:
Medical:
Do you have or have you ever had a medical issue, such as asthma, that would disqualify you from serving in the United States Military?
Yes: No: If yes, explain:
Do you have 20/20 vision? (Circle) Yes or No
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	er Potential Source om you are requesting		Please indicate all other one):	officials from
Sen	ator Gillibrand	Senator Schumer	Vice President Harris	
	demy Preference: interested in a specif		demies in order of your in l."	terest. If you are
	U.S. Merchant Ma U.S. Military Acad	my (Annapolis, MD): rine Academy (Kings emy (West Point, NY ademy (Colorado Spi	S Point, NY):	
Hav	e you also applied to	the U.S. Coast Gua	ard Academy? (Circle) Ye	es No
	ployment History: ase list any part/full ti	me jobs you hold/ha	ve held.	
1.	Employer: Dates employed: Hours per week: Manager's name: Phone:			
2.	Employer: Dates employed: Hours per week: Manager's name: Phone:			
3.	Employer: Dates employed: Hours per week: Manager's name:			

Phone:

References: The applicant should submit three references attesting to the applicant's qualifications and motivation to attend a Service Academy (reference forms are attached). Those listed as references should not be relatives of the applicant. Preferred references are high school instructors, guidance counselors, coaches, club advisors, or current/former employers. Please list the names of individuals who will be submitting references on your behalf:

Reference One	
Name:	
Address:	
Relationship to Applicant:	
Phone:	
Length of time known by A	Applicant:
Deference Two	
Reference Two	
Name:	
Address:	
Relationship to Applicant:	
Phone:	
Length of time known by A	Applicant:
Deference Three	
Reference Three	
Name:	
Address:	
Relationship to Applicant:	
Phone:	
Length of time known by A	Applicant:

Acknowledgments:

- 1. I request that Congressman LaLota consider my application for a Congressional Nomination to the Service Academy/Academies that I have indicated above.
- 2. I understand that receiving a Nomination is not the same as an appointment to the Academy. Appointment to the Academy requires acceptance from the academy coupled with a Congressional Nomination.
- 3. I have applied to the Academy before requesting a Nomination. I understand that the deadline for Nomination applications is September 29th If I have not submitted all of the requested information by this deadline, I understand that my application will not be considered.

application will not be	considered.
Applicant Signature:	Date:
an Academy and was nomi Congressman LaLota to rel	of Information: If I am selected for an appointment by nated by Congressman LaLota, I hereby authorize ease my name and picture as an appointee in press t. I also affirm that all prior information is accurate.
Name (Print):	
Signature (Student):	
Date:	
Signature (Parent/Gu	ardian-if applicant is a minor):